

CLAIMS ONLY							Application Number 34/593 442		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/		/		/		51				
2	/		/		/		52				
3	/		/		/		53				
4	/		/		/		54				
5	/		/		/		55				
6	/		/		/		56				
7	/		/		/		57				
8	/		/		/		58				
9	/		/		/		59				
10	/		/		/		60				
11	/		/		/		61				
12	/		/		/		62				
13	/		/		/		63				
14	/		/		/		64				
15	/		/		/		65				
16			/				66				
17			/				67				
18			/				68				
19			/				69				
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21			/				71				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	5		20		15		Total Indep				
Total Depend	0		0		0		Total Depend				
Total Claims	5		20		15		Total Claims				